

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

517

State File No.

BIRTH NO.		REG. DIST. NO. <u>359</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>La Jolly</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOMES PLEASANT HILL, MO</u>				d. STREET ADDRESS (If rural, give location) <u>925 South Coast Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Leora</u>		a. (First)		b. (Middle) <u>Sheets</u>		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 24, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Libiran</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Libiran</u>		11. BIRTHPLACE (State or foreign country) <u>Pierce City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William C. Sheets</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wormington</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-36-2515</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Land Pleasant Hill, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging -</u> ANTECEDENT CAUSES <u>believed 4 hrs.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>E 974x</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pleasant Hill, Mo. Cass</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 3 1951 9:45 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide by hanging</u>			
22. I hereby certify that I attended the deceased from <u>12-20-1950</u> , to <u>2 Jan. 1951</u> , that I last saw the deceased alive on <u>2 Jan. 1951</u> , and that death occurred at <u>4:47</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. C. Land</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>1-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brumfield</u>		ADDRESS <u>Pleasant Hill, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

1

8040

8

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

JAN 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.